

**ALLIANCE INSURANCE COMPANY (PVT) LIMITED**

**HARARE ADDRESS**

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Tel: +263 4 882060; +263 4 882150/56  
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**BULAWAYO ADDRESS**

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Fax: +263 9 230689  
Email: [queries@alliance.co.zw](mailto:queries@alliance.co.zw)

**MOTOR THEFT CLAIM FORM**

1. INSURED: Name ..... Address .....  
Telephone No. Home ..... Business.....  
Contact Cell No..... Policy No.....

**\*SHOULD THE COMPANY BE LIABLE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE**

- i) DEPOSIT CHEQUE INTO: BANK ..... ACCOUNT NO. .... BRANCH .....
- ii) SEND CHEQUE VIA MY BROKERS

2. Date of loss ..... Time ..... am/pm Exact place .....  
Name and address of person using vehicle immediately prior to loss .....  
.....  
Was vehicle locked when theft occurred? .....  
Explain fully how loss occurred .....  
.....  
.....

3. When was loss notified to the police? Date ..... Time .....am/pm  
By whom was it reported? Name .....  
Address .....  
To which Police Station .....

4. The vehicle:  
Date bought by insured ..... From whom ..... Estimate value at time of loss .....  
4.1. Construction: Make ..... Year ..... Mileage at time of theft .....  
Body ..... HP/CC .....

4.2. Registration book Specification: Registration ..... Chassis No.....  
 Engine number .....

Are you the sole owner? .....

In whose name is the vehicle registered? .....

State date of first registration as new .....

Name of Hire Purchase Company, if any .....

Approximate amount outstanding .....

Colour and condition of vehicle a) Body .....

b) Upholstery .....

Please describe any marks, defects or features which might assist in identifying the vehicle .....

5. If the vehicle has sustained damage give the following information:

Details of damage .....

Name and address of repairers where vehicle can be examined .....

..... Telephone Number .....

Is vehicle at repairers now? .....if not, when will it be taken there? .....

6. Is the loss or damage covered by any other policy? if so, give details .....

7. If any vehicle accessories have been stolen give the following information:

Policy Number	Description of property	Name of owner	Date of purchase	Price paid	Allowance for wear and tear or depreciation	Amount claimed

I/ we declare that these particulars are true and complete in every respect.

Date ..... Signature of Insured .....